



RESOURCE EXHIBITORS

AARP Washington
Aging and Disability Services Administration
Alzheimer's Disease Research Center
Alzheimer's Association, Western and Central WA State Chapter
American Heart Association
American Parkinson's Disease Association
Armstrong Uniserve, Inc.
Auburn Adult Day Health Center
Choice Medical Supplies, Inc.
Crisis Clinic Caregiver Support Program
Elderhealth Northwest
Good Samaritan Home Health and Hospice
Health People
Highline Specialty Center—GeroPsychiatry Services
Korean Women's Association

CONFERENCE LOCATION:



Tukwila Community Center, Tukwila, Washington. The center is approximately one mile off I-5, exit #156, and five miles from Sea-Tac Airport. Special room rates and free shuttle service to the conference center are available at the Courtyard Marriott for overnight guests. The reduced rates will be offered until two weeks prior to the conference. For reservations, please call the Courtyard by Marriott at 1-800-321-2211. Tell the reservations desk you are attending the Caregiver Conference. Major resources and funding for this conference are provided by AARP Washington, Aging and Disability Services Administration, and the American Heart Association. We gratefully acknowledge the contributions and efforts of our many cosponsoring organizations and resource exhibitors, listed above.

Aging & Disability Services Administration
P.O. Box 45600
Olympia, WA 98504-5600

Mobility Concepts
Normandy Mortgage Company, Reverse Mortgage Division
Parke Davis
Pierce County Human Services- Aging and Long Term Care
Pierce County Private Care Management Coalition (Sound Options, Elder Pathways, and E.A.R.S.)
Pfizer
Providence Health Systems Long Term Care
Providence Hospice of Seattle
Senior Services of Seattle-King County
Shake Loose A Memory
Solutions for Mobility
Soundview Medical Supply
Washington Advocacy for the Mentally Ill

- Who Should Attend:**
- ◆ Family caregivers caring for an adult or senior with chronic illness or disability
 - ◆ Adult children concerned about aging parents
 - ◆ In-home caregivers; Chore, Respite, Personal Care or COPEs workers, Home Health or Home Care staff
 - ◆ Adult Family Home Providers
 - ◆ Assisted Living staff
 - ◆ Adult Day Care staff
 - ◆ Health or social service professionals interested in caregiving issues

Challenges In Caregiving: Giving Care, Taking Care

CONFERENCE HOSTS

Aging & Disability Services
Administration, DSHS,
Washington State

American Heart Association



CONTRIBUTORS

Armstrong Uniserve, Inc.

Mental Health Division, DSHS,
Washington State

A Conference for Caregivers

June 2, 2003

Tukwila Community Center
Tukwila, Washington



Challenges in Caregiving: Giving Care, Taking Care

In this country, over eighty percent of all long-term care for older adults, or adults with disabilities, is provided in the community by family caregivers. Family and other caregivers need information and access to quality training to support them in their caregiving role.

This conference offers the community caregiver practical, up-to-date resources and skills to help them in their responsibilities. Dynamic speakers from a variety of backgrounds, including nursing, social work, pharmacy and law, will share their expertise and knowledge.

The Conference Plan

Twenty sessions, designed for family and paid home caregivers, are offered during the day. The curriculum is designed so that caregivers can choose the sessions they most need in their own situation.

A Resource and Information Exhibit will be open from 7:30AM–3:00PM. The Exhibit will include displays of products and helpful literature to enable the caregiver at home. Representatives from major health and social service organizations will be available to provide up-to-date information and problem-solving opportunities.

A reception for attendees, speakers and resource exhibitors is scheduled at 4:15PM. Join us for refreshments, door prizes and discussion.

Accommodations for People with Disabilities

The conference site is wheelchair accessible. Individuals who need reasonable accommodations (e.g., special seating, listening devices, etc.) should indicate the type of assistance needed on the registration form and mail by May 19, 2003. Conference staff will contact individuals and assist in making necessary arrangements.

Respite Care

If family caregivers need help locating respite care for the impaired individual in order to attend this conference, they should mark the appropriate box on the registration form and mail *no later than May 19*. Conference staff will contact family caregivers to assist them in arranging respite care services.

Registration Information

Register Early: *Space is limited!* Registrations are accepted on a *first come, first serve basis*. *Preregistration deadline is May 19, 2003*. Late registration will be accepted as space allows. There will be no registration the day of the conference. After May 19, 2003, an additional “late fee” of \$5.00 per person will be requested.

Registration Fee: Includes the day’s workshops, luncheon, refreshments, resource exhibits and reception. If the fee is a hardship, unpaid family caregivers may request a full or partial scholarship (available on a limited basis).

Confirmation: A written confirmation with directions will be mailed for registrations received by May 19, 2003. If you haven’t received your confirmation letter by May 27, please call 360-725-2544 or 800-422-3263. Please bring your confirmation letter along to simplify registration.

Group Registrations: Please register each individual attending the conference on a separate registration form. Registration forms may be photocopied as needed. Payment may be combined and attached to multiple registration forms stapled together. Be sure to indicate the agency name on the form and the check.

Cancellation: Fee is refundable if request is made by May 19, 2003. No refunds after this date.

Continuing Education Hours

Those attending can receive certificates documenting five hours of training. This conference counts toward required continuing education (CE) hours for adult family home and boarding home caregivers. Individual providers and home care workers may be able to receive credit but should check with their Area Agency on Aging to see if it has been approved for CE in their area.

You must preregister. No registration will be possible at the conference.

Challenges in Caregiving Registration Form

Monday, June 2, 2003 Tukwila, Washington (Preregister by May 19, 2003)

Please register only one person per registration form. Photocopy form for additional attendees.

Name _____ Phone _____

Agency _____

Address _____

City/State/Zip _____

What county do you live in? _____

- Please check the appropriate boxes below. Registration Fee includes luncheon, all workshops and reception.

I am an individual caregiver: _____ **\$25.00 Fee**

- ☐ Family Caregiver (unpaid)
- ☐ Volunteer Caregiver
- ☐ Chore/Medicaid Individual Provider (not working for an agency)
- ☐ Adult Family Home Provider
- ☐ COPES Individual Provider

I work for an agency as: _____ **\$50.00 Fee**

- ☐ Home Health Aide
- ☐ Chore, COPES or Medicaid Personal Care Aide
- ☐ Assisted Living/Boarding Home staff
- ☐ Other social services or health professional
- ☐ Respite Worker
- ☐ Adult Day Care staff
- ☐ Geriatric Mental Health Specialist

Circle your workshop choice for each time period. If you aren't sure, please make your best guess!

Session A (10:45AM–Noon)	A1	A2	A3	A4	A5	A6
Session B (1:30–2:45PM)	B1	B2	B3	B4	B5	B6
Session C (3:00–4:15PM)	C1	C2	C3	C4	C5	C6

Accommodations for People with Disabilities

- ☐ I will need **special accommodations** in order to attend this conference. Every effort will be made to provide reasonable accommodations for people with disabilities (e.g., special seating, listening devices, etc.) Send Registration by **May 19, 2003**, and you will be contacted by conference staff. ***Describe help needed:***

Respite care

- ☐ As an unpaid **family caregiver**, I will need help to provide care for my relative while I attend this conference. (Send Registration **no later than May 16, 2003**, and you will be offered information on resources that may assist you in making arrangements.) ***Describe help needed:***

Meal selection

- ☐ I prefer a vegetarian meal.

How did you **FIRST** hear about this conference?

- ☐ *Modern Maturity*
- ☐ Mailed brochure
- ☐ DSHS payment/voucher
- ☐ Friend/family
- ☐ Support group
- ☐ Daily newspaper
- ☐ Senior newspaper
- ☐ Web site/On-line
- ☐ Newsletter
- ☐ Work

Have you attended this conference before? ☐ Yes ☐ No

TOTAL ENCLOSED \$ _____ **No refunds after May 19, 2003**
Please make checks payable to American Heart Association

Please mail this registration to: American Heart Association (No purchase orders.)
4414 Woodland Park Ave. N., Seattle, WA 98103 Phone: 360-725-2544
Attn: Marsha or 800-422-3263